



2021
PROVIDER ASSOCIATE MEMBERSHIP
PROGRAM



IROQUOIS
Healthcare Association

2021 PROVIDER ASSOCIATE MEMBERSHIP

ABOUT IHA

The Iroquois Healthcare Association (IHA) is the premier voice of Upstate New York's hospitals and health systems. We are a not-for-profit membership organization representing over 50 hospitals and health care systems in 32 counties of Upstate, spanning nearly 28,000 square miles. IHA and its affiliates provide members with advocacy, education, patient safety and quality initiatives, data & analytics, cost-saving initiatives and business solutions that improve the health of people throughout the communities they serve. For detailed information about our association, please visit us at www.iroquois.org.

WHY SHOULD YOU BECOME AN ASSOCIATE MEMBER?

IHA offers Provider Associate Membership to non-acute health care organizations including physician organizations, home health, skilled nursing facilities, hospice providers and clinics. This membership category allows pre- and post-acute providers to participate in IHA's educational programs, receive informational publications and have access to targeted data services such as compensation practices data. By becoming a Provider Associate Member, you will have the opportunity to connect with other healthcare leaders and decision-makers in Upstate New York to champion new ideas and gain visibility for your organization.



2021 PROVIDER ASSOCIATE MEMBER **BENEFITS**

PROVIDER MEMBERSHIP **\$2,500/year**

IHA's Provider Associate Membership category is available to non-acute health care organizations including physician organizations, home health, skilled nursing facilities, hospice providers and clinics.

This membership category allows pre- and post-acute providers to participate in IHA's educational & networking programs, receive informational publications and have access to targeted data services such as compensation & benefits data relative to Upstate New York's healthcare delivery system.

BENEFITS INCLUDE:

- Member rates for educational programs and services.
- Participation in IHA's **Survey Solutions** including regional Compensation & Benefits data, organized labor, turnover & vacancy rates, and numerous other ad hoc surveys.
- Access to IHA communications & informational publications including Upstate advocacy updates, annual reports, COVID-19 & emergency preparedness updates, white papers and more.
- Opportunity for enrollment in United Iroquois Shared Services, IHA's group purchasing program, including access to our diverse portfolio of local, regional and national contracts.
- Invitation to IHA's Annual Meeting and other educational programs such as webinars, forums, etc.
- Networking opportunities with Upstate NY hospital members and C-suite executives.
- Participation in IHA's healthcare workforce recruitment and retention initiatives.
- Opportunity for enrollment in IHA's Employee Services Program* (ESP), a discounted online shopping program for employees.
- Listing on IHA's website (www.iroquois.org).
- Listing in IHA's Membership Directory with a company description (published annually).
- Complimentary copy of IHA's Virtual Membership Directory.

**Additional fees may apply*

For more information regarding IHA's Associate Membership program, please contact us at (518) 383-5060 or members@iroquois.org.

2021 ASSOCIATE MEMBER APPLICATION

*Please complete the following as you would like it to appear in our directory and on our website.

Company Name _____

Address _____ City/State _____ Zip _____

Phone _____ Website _____

Current CEO (Name/Title) _____

CEO Email _____

	TYPE OF ORGANIZATION	Total # of Beds <i>(if applicable)</i>	Total # of Employees
	Skilled Nursing/RHCF/Nursing Home		
	Federally Qualified Health Center (FQHC)		
	Post-acute Rehab		
	Assisted Living		
	Home Health		
	Physician Organization		
	Outpatient Organization		
	Other Related Organization. <i>Please specify.</i>		

TYPE OF OWNERSHIP	CLASS OF OWNERSHIP
Corporation	Voluntary Nonprofit
Individual	Public
Partnership	Proprietary
Municipality	<p>Questions? Contact us at <i>members@iroquois.org</i> or <i>visit us on the web.</i></p>
County	
State	
Limited Liability Partnership (LLP)	
Limited Liability Corporation (LLC)	

2021 PAYMENT INFORMATION

ANNUAL MEMBERSHIP FEE: \$2,500

Check your desired method of payment: Visa MC Discover AMEX Check

Credit Card No. _____

Exp. Date _____ CVV: _____

Cardholder's Name _____

Signature _____

****Please note, your Associate Membership application will not be processed until there has been approval by the IHA Board of Directors and payment is received in full.***

Our third party payment vendor is PCI Compliant. As soon as we process credit card payments, we destroy the application which contains the full credit card number. If you are more comfortable providing credit card information over the phone, please call (518) 348-7446.

If paying by credit card, please fax or email contract with payment information to:

Iroquois Healthcare Association

Fax: (518) 383-3616

members@iroquois.org

If paying by check, please mail in contract with payment to:

Iroquois Healthcare Association

Attn: Associate Membership Program

15 Executive Park Drive

Clifton Park, NY 12065

FREQUENTLY ASKED QUESTIONS

HOW DO I JOIN IHA AS AN ASSOCIATE MEMBER?

To become an Associate Member of IHA, please complete the application on the previous page. You can either mail a hard copy of your application to:

Iroquois Healthcare Association
Attn: Associate Membership
15 Executive Park Drive
Clifton Park, NY 12065

Or email your application to members@iroquois.org.

If you have any immediate questions regarding membership benefits, sponsorship opportunities or the application process, please email us at members@iroquois.org or call (518) 383-5060.

WHEN WILL MY MEMBERSHIP APPLICATION BE APPROVED?

Once your application is submitted, you will receive an acknowledgement email from IHA. IHA and its Board of Directors reserve the right to determine whether an organization qualifies for Associate Membership.

Associate Membership and Sponsor applications received by the close of business on the last day of the month are sent to the IHA Board of Directors for approval on or about the 7th day of the following month.

WHAT HAPPENS ONCE MY APPLICATION HAS BEEN APPROVED?

Once your application has been approved, you will receive a confirmation and welcome letter from IHA. Based on your membership level, you may need to submit additional forms that we will provide.

WHEN IS MY PAYMENT DUE?

Payment will be processed upon receipt; however, membership becomes active when payment has been received in full and there has been approval by the IHA Board of Directors. All Associate Members will be invoiced upon approval of the IHA Board of Directors.

Please note, our third party payment vendor is PCI Compliant. As soon as we process credit card payments, we destroy the application which contains the full credit card number. If you are more comfortable providing credit card information over the phone, please call (518) 348-7446.

WHEN DO MY MEMBER BENEFITS TAKE EFFECT?

Member benefits, including sponsorship opportunities, will begin upon approval by the IHA Board of Directors once payment has been received in full.

IHA is sensitive to competition between companies when assigning sponsored events. We reserve the right to schedule benefits based on our marketing schedule. We will work with associates to accommodate their schedules when possible.

IHA maintains final approval of all content and content placement.

Please note, Associate membership does not indicate endorsement or support of a particular product or service by IHA or its Board of Directors.

DOES MY MEMBERSHIP EXPIRE?

Associate membership will renew automatically on an annual basis and your organization will be invoiced 30 days prior to your scheduled end date. Membership benefits will become active upon payment in full.

Associate members operating unethically or in a way that reflects negatively upon IHA will result in membership revocation and will be disallowed from participating in association events.